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Consent for the Release of Confidential Information

l,	<i>,</i> b	orn,	do hereby authorize
Intermountain Eye and Laser Cer	nter:		
□Boise	Downtown	Eagle	
999 N. Curtis Rd, Ste. 205	251 E. Front St., Ste. 110	323 E. Riverside Dr.	, Ste. 122 Boise, ID 83706
	Boise, ID 83702	Eagle, ID 83616	
P 208-373-1200	P 208-342-2706	P 208-938-4749	
F 208-373-1216	F 208-954-8777	F 208-938-49002	
□Meridian	□Nampa		
3090 Gentry Way, Ste. 120	4400 Flamingo Ave., Ste 300		
Meridian, ID 83642	Nampa, ID 83684		
P 208-888-0005	P 208-466-2222		
F 208-898-9924	F 208-465-3441		
	Fax:		
	e disclosed:		
Purpose and/or need for such di	sclosure:		
egulations and cannot be disclosed wit voke this consent at any time except t	any alcohol, drug abuse or mental stat hout my written consent unless other o the extent that action has been takir 90 days from the date of the executio	vise provided for in the regulation g in reliance on it (i.e. probation, p	. I also understand that I may
gnature of patient/ guardian			Date:
/itness and Title/Department			
Duckikish on andicelesson. The inform	ation has been disclosed to you from reco		

regulations (42 CFR part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose. Federal regulations state that any person who violates any provision of the law shall be fined not more than \$500 in the case of a first offense and not more the \$5,000 in the case of each subsequent offense.

This document is HIPPA compliant.